



Institutionalizing State-Led Social and Behavior Change (SBC) Capacity Strengthening



NIGERIA

Cover photo: Youth advocates, Abeokuta, Ogun State.

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Executive Summary

The Bill & Melinda Gates Foundation-funded The Challenge Initiative (TCI), which is being implemented by the Johns Hopkins Center for Communication Programs in Nigeria, centers around a state-initiated and state-led approach to scaling up evidence-based family planning and adolescent and youth sexual and reproductive health (AYSRH) interventions. States commit their own financial and human resources to the implementation of these impactful interventions that are adapted to meet the unique characteristics of each state. TCI, which is a follow-on to the Nigerian Urban Reproductive Health Initiative (NURHI), is poised to shift the way that global health and development programs are implemented, from business as usual to a new norm, the so-called 'business unusual' model' where state governments and community stakeholders not only lead implementation efforts but also fund them.

In Nigeria, the demand generation portfolio is championing a new way of programming for social and behavior change (SBC) interventions in which governmental institutions and bodies rather than nongovernmental organizations lead and drive SBC. Previously, most SBC interventions in Nigeria and around the world have been driven by donors and partners, but the state-led TCI program is changing the face of SBC interventions in Nigeria. We hope that this approach also called public sector SBC will become the new norm for SBC interventions.

To achieve this, TCI Nigeria has supported establishing and/or strengthening existing SBC structures, such as SBC Communication (SBCC) Technical Working Groups or social and behaviour change committees, across supported states, which then cascade their newly acquired skills to various community structures, such as ward development committees, to take ownership of and sustain SBC interventions at the community level.

TCI aims to institutionalize a state-led SBC capacity strengthening process, which uses a three-pronged approach to drive sustainable public sector SBC interventions across supported states and will promote government ownership and foster the diffusion of high-impact interventions (HIs) into non-supported states.

With continuous technical assistance and coaching of government staff and state and community structures, we hope to build systems that easily respond to SBC needs and are adaptable to other geographic areas according to their needs.

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Acronyms

AYSRH	Adolescent and Youth Sexual and Reproductive Health
CHIPS	Community Health Influencers, Promoters, and Services
DG	Demand Generation
LGA	Local Government Area
NOA	National Orientation Agency
NURHI	Nigerian Urban Reproductive Health Initiative
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SCAT	SBCC Capacity Assessment Tool
TCI	The Challenge Initiative

Introduction

The Challenge Initiative (TCI) is a follow-on project to the Bill & Melinda Gates Foundation's Urban Reproductive Health Initiative, a proof-of-concept which aimed to improve contraceptive access and uptake in select cities in Kenya, Nigeria, Senegal, and India. In Nigeria, URHI – which was referred to as the Nigerian Urban Reproductive Health Initiative (NURHI) – and TCI are implemented by the Johns Hopkins Center for Communication Programs (CCP). NURHI involved the design and implementation of tailored supply, demand and advocacy interventions to address barriers in the delivery of quality reproductive health services. NURHI was implemented from 2009 to 2015. According to findings from the 2015 Measurement, Learning and Evaluation (MLE) project, the modern contraceptive prevalence rate increased by an average of 10.9% across NURHI's focal cities, while the rate in the rest of the country remained stagnant. This rigorous evaluation showed a substantial boost in the number of women benefiting from access to modern contraception in the targeted cities, with even more significant improvement among the urban poor. It is in this promising context of proven solutions that TCI Nigeria emerged and began to build on the successes of NURHI, increasing the number of cities replicating and adapting its high-impact interventions (HIs).

TCI Nigeria commenced its technical support to the government of Nigeria in late 2016. It uses an innovative, demand-driven approach that encourages cities to assume an active role in the design and implementation of HIs. At the same time, local and global partners provide a supporting and facilitating role. States self-select and apply to participate in TCI. They demonstrate their commitment to TCI by pledging significant resources, either monetary or in-kind, to financing the HIs. In return, TCI provides technical assistance and coaching support to governments to design a family planning and AYSRH program that is cost-effective and tailored to meet the needs and circumstances of each state.

This document, 'Institutionalizing State-Led Social and Behavior Change (SBC) Capacity Strengthening' is a concise guide designed to support the implementation of state-led SBC interventions in Nigeria. The document outlines the technical aspects of a demand-driven approach in which state SBC programs or interventions are led by state players from conception to monitoring in order to ensure a greater likelihood of sustained interventions and outcomes. This demand-driven strategy for SBC capacity strengthening uses family planning as an entry point and can be applied to other primary health care areas and throughout Nigeria and in other African countries.

Rationale for Institutionalizing SBC Activities at the State Level

Several factors currently shape SBC efforts in Nigeria. For years, the implementation and funding of SBC programs mostly depended on support from donors. Many projects have involved awareness raising and demand generation (DG), but most interventions have been stand-alone activities with little or no support mechanisms for sustainability and/or transitioning to government ownership.

At the beginning of state partnership with TCI, TCI provided technical assistance to help states identify key stakeholders and existing structures for appropriate state-based DG interventions. Most states did not have organized social mobilization structures, and the structures they did have, such as social mobilization committees were either moribund or weak. TCI provided technical support to help them establish and strengthen their social mobilization committees and to expand them into [SBC communication committees](#). These have been operationalized in TCI-supported states to lead SBC interventions across all primary health care and reproductive health facilities.

Currently, most states have systems that TCI and other partners can leverage in order to improve the way SBC interventions are implemented in their respective states. In order to ensure that states have the technical support for leading and facilitating their own SBC activities, TCI launched an initiative to institutionalize sustainable DG platforms in Nigeria which build on its experience of working with key stakeholders and its understanding of the SBC landscape, structures and systems already in place.

The overall objective of this capacity strengthening plan is to provide a roadmap to guide the design and sustainability of state-led and institutionalized SBC systems and structures in Nigeria. It seeks to prioritize areas where TCI wants to focus its efforts between 2020 to 2023.

This document focuses on four priority areas:

1. Strengthening capacity of state-led SBCC committees to lead and coordinate SBC programs
2. Intensifying [social mobilization](#) interventions across local government areas (LGAs) to increase demand for family planning
3. Increasing the airing of family planning and adolescent and youth sexual and reproductive health (AYSRH) content in the [media](#)
4. Strengthening evidence-based reporting for SBC programs

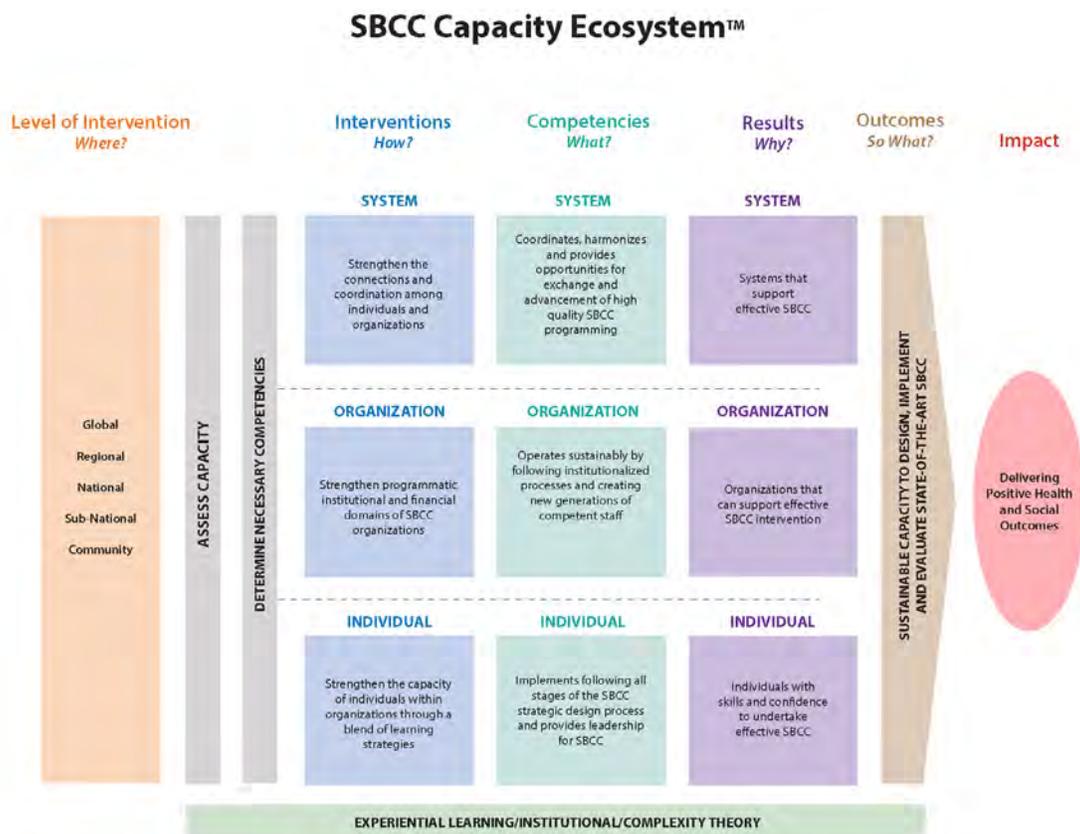
TCI's State-Led SBC Capacity Strengthening Approach

TCI primarily supports structures at the state level, ensuring that capacity strengthened at the state level will cascade to structures within local government areas (LGAs) and wards or communities.

The primary audiences for this capacity strengthening approach are:

- Health promotion and education units at the state and LGA levels
- State Social and Behavior Change Communication (SBCC) platforms (committees or technical working groups)

The hypothesis is that if we strengthen the capacity of committees at the individual, organizational and systems levels, then the state-led SBCC committees and health promotion and education units will operate as SBC centers of excellence that can apply their capacity and learnings to any health area. The committees and units will follow standardized processes, creating a new generation of SBC-competent staff and providing state leadership for SBC. [The SBCC Capacity Ecosystem](#), explained below, informs this capacity strengthening approach.



The SBCC Capacity Ecosystem.

The SBC Capacity Ecosystem is a model that reflects the systematic assessment, design and implementation of customized and strategic capacity strengthening for SBC. Developed under the Health Communication Capacity Collaborative, HC3 (2012–2017), this model was adapted by TCI to inform its capacity strengthening support for state-led SBCC committees in Nigeria. HC3 used ecosystem competencies to address issues at several levels: the system levels (health education and promotion), the organizational level (the SBCC committees), and the individual level.

This idea of ‘ecosystem’ speaks to the inherently complex, interconnected and often unpredictable nature of capacity strengthening and the dynamic human environments in which we work. It recognizes that one intervention is rarely enough to make a change. At the heart of the ecosystem is the focus on the capacity strengthening of individuals, organizations, and systems, consistent with the socio-ecological model that guides the implementation of SBC interventions. SBC capacity strengthening is a thoughtfully planned and iterative process. Just as SBC implementation follows a strategic design process, capacity strengthening supports a similar process involving inquiry, development, implementation, evaluation, and re-planning. TCI’s [SBCC Capacity Assessment Tool \(SCAT\)](#), which was adopted from several SBC capacity assessment tools reviewed including HC3’s SBC Capacity Ecosystem, is not a one-off activity but a planned program of activities based on in-depth knowledge of the individual members of the state-led SBCC committee as well as the committee itself and the whole system which includes the health promotion units of the Ministry of Health and Primary Health Care Development Agency.



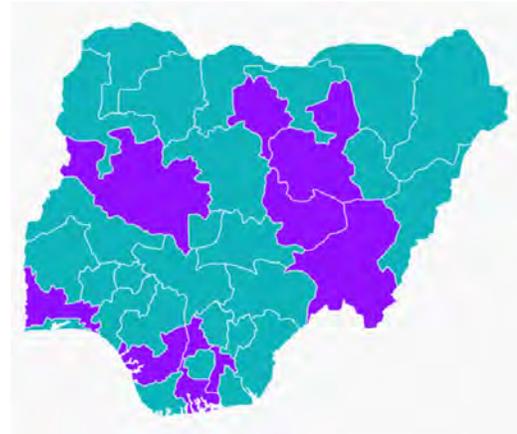
The five stages of the program implementation process.

TCI developed the SBCC Capacity Assessment Tool (SCAT) to assess the present capacity of states (through their SBCC committees and health promotion and education units) to plan, implement, monitor, and evaluate SBC/DG interventions and to mobilize resources. The tool facilitates a process for identifying current gaps in state-level SBC programming and action planning to address these gaps. The tool focuses on the following four domains which are critical in effective SBC design, implementation, evaluation and coordination:

- Governance, leadership, and systems
- SBC technical competence
- Resource mobilization
- Monitoring and evaluation

Findings from the SBCC Capacity Assessment Tool

As a result of COVID-19 travel restrictions, TCI facilitated a three-day virtual workshop in which participants mapped out key SBC stakeholders and conducted a self-scoring of each committee’s SBC capacity using an [SBCC Capacity Assessment Tool \(SCAT\)](#) developed by CCP for improving an organization’s capacity to design, implement and evaluate SBC programs. This exercise and virtual workshop were the first steps in the state-led capacity strengthening process.



TCI-supported states in Nigeria (in purple).

More than 70 stakeholders from ten states supported by TCI and three states supported by NURHI came together virtually to participate in the [TCI Nigeria DG Strategy Workshop](#). The primary goal of the exercise was to score competencies using a consensus approach, while collecting qualitative data through discussions and examples during the workshop.

Participants in the three-day workshop included SBCC committee members, state health educators, state program coordinators, and DG technical support leads. Before introducing the SCAT, TCI engaged participants in a stakeholder mapping exercise in which they worked in Zoom breakout rooms to map out influential SBC actors and how they interact with other actors to influence (1) local-level SBC for health or (2) the use of health data. Drawing on their own experiences, participants described the people they consider to be influential actors and the most important ways these actors are linked to each other within the system. A comparison of stakeholders from all ten states suggested that the actors participants most often considered to be important for SBC for health at the state level were state and LGA health educators,



Stakeholder mapping exercise.

states' ministries of health, primary health care development agencies, implementing partners and the SBCC committees. Others listed the National Orientation Agency (NOA), the Ministry of Information, religious and traditional leaders, ward development committees, and community mobilizers.

Then, the facilitators introduced the participants to the SCAT through PowerPoint presentations and by sharing their own experiences. Participants then entered breakout sessions devoted to administering the tool.

Findings from this first workshop provided a foundation for the capacity strengthening plans and a baseline against which to measure capacity strengthening efforts in each of the ten TCI-supported states. TCI plans to repeat the SCAT during the first and fourth quarters of Years 5 and 6 and then refine the capacity strengthening plan in accordance with its results.

Priority Areas for the Capacity Strengthening

As part of the consensus-building and planning process, all ten of the TCI-supported states identified their priority areas for the next four years, starting fiscal year 2020-2021. When identifying priority areas, the state teams considered their current capacity levels as identified by the SCAT, as well as their interest areas for organizational growth given their work plans. As a result, the following areas were prioritized as strategic areas for capacity strengthening:

1. Continued capacity strengthening of state-led SBCC committees to lead SBC interventions, especially related to designing impactful SBCC campaigns and materials, resource mobilization and partner coordination
 - o Improving gender sensitivity and youth inclusiveness in state SBC programming
 - o Properly institutionalizing resource mobilization for SBC platforms for leadership in all SBC programs
 - o Strengthening coordination of SBC programs through a partnership with other government ministries and other nongovernmental organizations
2. Intensifying social mobilization interventions across LGAs and communities
3. Increasing the airing of family planning and AYSRH programs or content in the media
4. Strengthening evidence-based reporting of SBC/DG programs to build a robust data reporting system and structure within states

Through its technical assistance, TCI will support each of the priority areas listed above within its efforts to strengthen systems and capacity for state-led SBC. We will also engage and mobilize community structures for increased demand and enhance the airing of family planning and AYSRH content in the media. All of these will help strengthen the interrelationships between governance, SBC technical competence, resource mobilization, and monitoring and evaluation for sustainable change within all levels of the state-led SBC Capacity Ecosystem.

Building the capacity of the state-led SBCC committee to lead and coordinate SBC programs is essential, and it is also vital to strengthen evidence-based reporting of SBC programs. In addition, building a robust data reporting system and structure within the state will maximize the effects of these programs and showcase the interrelations of theory, evidence and practice.

Moving Forward Towards Achieving the SCAT Action Plan

The priority areas and recommendations presented in the SCAT action plan are a starting point and may be revised based on any future opportunities and challenges that present themselves. TCI will work in partnership with the state-led SBCC committees to implement the recommendations. We expect that the state-led SBCC committees will continue and grow the process beyond the life of TCI in Nigeria.

Following the SCAT assessment of the ten supported states, which showcased the current status of SBC interventions, TCI in partnership with workshop participants came up with subsequent action points which are categorized under four thematic subheadings corresponding to priority areas of focus. These subheadings represent the way forward for addressing the identified priority areas for strengthening the capacity of state structures to drive SBC interventions based on each state's individual characteristics.



Social mobilizing, Gawuna, Nasarawa LGA, Kano State.

1. Strengthening Capacity of State-Led SBCC Committees to Lead and Coordinate SBC Programs



Members of the SBCC Committees interacting. Asaba, Delta State.

TCI established and strengthened SBCC committees across the states before developing this strategy document. Most of them, however, currently operate as stand-alone family planning interventions without the support of other implementing partners working on other SBC interventions, such as malaria, immunization and HIV/AIDS. Having supported states in establishing SBCC committees, going forward, TCI will focus on building their capacity to coordinate all state SBC interventions for health promotion. To complement the SBC component of [TCI's Reflection in Action to Improve Self-Reliance and Effectiveness tool](#) and assess SBC capacity more deeply, TCI will administer the SCAT during quarterly meetings. We will execute the resulting action plans and move the SBC platform towards enabling the state to independently lead and manage the coordination, planning and monitoring of all SBC efforts regardless of health area. We will provide continuous capacity strengthening for state structures related to media and materials development and adaptation for the promotion of positive health-seeking behavior. In addition, we will build the capacity of health promotion units and SBCC committees to develop media content and mobilize resources. The modality for this capacity building work will be face-to-face and through virtual and digital platforms, including WhatsApp and Zoom.

Since SBC interventions are primarily conducted at the LGA and community levels, special attention will be given to capacity strengthening at these levels. We will prioritize coaching the LGA social mobilizers, community development teams and ward development committees, in

order to properly coordinate SBC interventions. We will also link these community level groups to the SBCC committees. This will facilitate a more effective and community-led implementation process and ensure an adequate response to SBC issues at each level. Moreover, we will provide support to health promotion units to enable them to disseminate policy and strategic documents for program implementation.

To foster local buy-in for sustainability, TCI will work with LGA presiding officers and community leaders to strengthen existing platforms, such as community action groups and community development committees, coordinating them at the community level and providing feedback to state SBCC committees.

The funding of SBC/DG interventions has been driven primarily by implementing partners, high-net-worth individuals and donors with little domestic funding. As a result, this is not sustainable. Conscientious efforts are, therefore, needed to attract investments to make SBC efforts sustainable. We will leverage the advocacy portfolio's success in strengthening [Advocacy Core Groups \(ACGs\)](#) to advocate for SBC investment. Specifically, we will target increased funding for SBC activities in the state budget and other counterpart funding. TCI will also ensure domestic financing tracking for SBC and report government funding on a quarterly and annual basis.

As a system strengthening platform, TCI has supported the SBCC committees with representatives from all the demonstration and non-demonstration LGAs in TCI-supported states. Although more attention has focused on the demonstration LGAs, the non-demonstration LGAs have also been implementing high-impact interventions that have the same traction seen in the demonstration LGAs, which is mainly enabled by TCI's state-wide approach. TCI will continue to utilize the platform of the SBCC committees to diffuse high-impact SBC interventions across all LGAs of its supported states.



Social mobilization. Ijaye, Abeokuta, Ogun State.

2. Intensifying Social Mobilization Interventions Across LGAs

We have actively implemented social mobilization activities in all ten of the TCI-supported states for the past three years. Working with the states' key stakeholders, LGA social mobilizers were trained and have engaged in a series of mobilization interventions with special attention to neighborhood campaigns.

Moving forward, we will continue to engage and mobilize the community to stimulate increased demand for family planning services. TCI will work to strengthen the already existing structure of social mobilization across its supported states. TCI will intentionally focus its attention on strategies that will help sustain the gains made in community mobilization by situating the social mobilizers within community structures and linking them up to government-led structures for effective ownership and coordination. TCI will also continue its efforts, in collaboration with the government, to strengthen the capacity of the Community Health Influencers, Promoters and Services (CHIPS) program and National Orientation Agency (NOA). Some of the social mobilizers have already been integrated into CHIPS structures. More efforts will ensure that all social mobilisation interventions through the social mobilizers are integrated into CHIPS across the supported states (see the Annex for additional information about CHIPS and NOA).

In 2019-2020, TCI provided technical assistance to NOA to develop the initial edition of its 'Social Mobilization Guidelines'. TCI will strengthen this relationship nationally and state-wide and ensure that NOA staff in all three tiers of government incorporate family planning into their social mobilization messages. TCI will provide coaching directly to the state health promotion units and SBCC committees to lead and drive SBC/DG activities at the state and LGA levels.

As part of mobilization interventions and to build community leadership and buy-in of state SBC programs, TCI's SBC/DG interventions (which have been focused on building the capacity of stakeholders at the level of the ministry of health and of primary health care development) will be strengthened at the community levels, as well.

TCI will work with the ACGs to advocate for the identified community leadership to foster community buy-in. Community leadership structures will be linked to state-level structures (specifically the SBCC committees) to coordinate all community interventions, such as community mobilization and referral systems.

Because social mobilization activities happen around health care facilities, there is easy access for service uptake as well as reduction in waiting time and loss to follow-up of referred clients. The integration of social mobilization with [in-reaches](#) has proven to be more productive, and this will be sustained. This approach also provides a better platform to monitor the provision of service delivery services and reduce complaints from clients and service providers. As a result, TCI's DG team will continue its collaboration with the service delivery team, leveraging quality improvement teams to enhance the linkages between community mobilization and service delivery interventions.

3. Increasing the Airing of Family Planning and AYSRH Content in the Media



Plateau State media.

During the first years of TCI, it was essential to continue implementing a direct mass media campaign to prime the media because the government had not led or coordinated this type of activity. This activity helped to create awareness and dispel myths and misconceptions about family planning, which increased demand. TCI stimulated discourse through the facilitation of SBCC-led ad buys in each state to engage state media outlets for media programs, including spots, jingles and others. This effort yielded some results because government-owned media outlets in most states have available slots for regular or one-off use. From 2020-2023, we hope to sustain the gains made in the previous years by increasing the airing of family planning and AYSRH programs or content in the media. All the media programs or content aired in media outlets will be documented and used to guide the focus of community interventions. The media campaigns will also witness a shift from using paid, partner-implemented media campaigns (contractual media buys) to state-owned and state-driven media campaigns. SBCC committees have previously secured free airtime during global health awareness days and events to disseminate family planning messages for improved awareness and demand, so we believe that this shift is achievable.

TCI's DG team will work with the state government to build and transfer capacity to the state health promotion and education units and SBCC committees for developing new (or adapting existing) media spots, conducting media buys and airing and monitoring media spots. This will help secure continuous and more sustainable free airtime across the states to air media spots through radio and TV, which will improve ideational factors. In addition, by working with health promotion and education units and SBCC committees, media collaboration will be strengthened with key government agencies (i.e., the Ministry of Information). We also aim to work with media partners, such as Development Communications Networks and state media forums, on health and family planning to secure free slots for media appearances. We will take the following steps:

- Strengthen relationships between [media advocacy](#) networks, such as Development Communications Networks, and SBCC media subcommittees across states through technical meetings and engagements for capacity strengthening purposes.
- More intentionally discuss the role media outlets play in promoting healthy development through family planning and reproductive health. Data from Omnibus Surveys, NDHS and other sources will be used to emphasize key points and explain how they can help to ensure that ‘no one is left behind’.
- Organize events such as media roundtable awards nights, during which awards such as ‘Best Child Spacing Radio and TV Station’ or ‘Friendliest Child Spacing Radio and TV Station’ will be given.
- Increase visibility and create a greater sense of belonging for the media by recognizing and promoting selected media representatives during TCI’s annual retreat in Nigeria.
- Include media representatives during state strategy meetings.
- Incorporate family planning messages and quotes from family planning champions and mainstream them into media broadcasts using public service announcements.
- Mainstream reproductive health and family planning messages into existing state social media handles and link to Get-It-Together handles.
- Provide technical assistance to the SBCC committee in creating social media handles and platforms to strengthen family planning programs and their appearance and amplify discourse, especially for young people.



Community theater presentation on family planning in Kontagora LGA, Niger State.

In addition, the SBCC committees will partner with local community theater groups, such as [Yanke-Yanke Community Drama Group](#). TCI plans to track the outcome of [community theater interventions](#) in the supported states. Among other integrated interventions, we shall pursue the following:

- In states where we have already supported the training of local drama groups, the DG team will support the drama groups to organize intergenerational theatre presentations to stimulate interest in family planning services. A conscious effort will be put into using Go-Cards to track referrals from such events.
- Mainstream family-planning entertainment-education programming into relevant platforms such as the radio, TV, theater, and Art Workers Union in each state. In collaboration with Development Communications Networks, the SBCC committees will facilitate the airing of local drama/theater programs as part of the corporate social responsibilities of radio and TV companies.
- We will continue to continuously integrate reproductive health and family planning sensitization into indigenous festivals/events at state, LGA, and community levels.

In addition to the above, TCI Nigeria will work through civil society organizations to identify existing youth community structures, volunteers and [life planning for adolescents and youth ambassadors](#), and integrate their activities within the LGA departments and units responsible for youth development to carry out social mobilization and track and report the results of social mobilization efforts.



Youth advocacy, Abeokuta, Ogun State.

4. Strengthening Evidence-Based Reporting for SBC Programs

Presently, TCI is providing technical assistance to the Health Promotion Division of the Federal Ministry of Health in the area of monitoring and evaluation system strengthening. The outcome of this will result in a well-structured monitoring and evaluation system for DG at the federal, state

and LGA levels. In the long run, the DG monitoring and evaluation system should eventually be integrated into the national health information system (HMIS). This will enable states to take full ownership of the documentation of DG data, including DG-related family planning data. While this process is ongoing, TCI will provide technical assistance to state health promotion units on DG data management. This will enable LGA health educators to collect and collate DG data, which was previously the task of a TCI sub-contractor.

Ensuring Local Buy-in for Sustainable SBC Interventions

In summary, TCI will work with the leadership of LGAs and communities to explore strengthening the clusters of [existing platforms](#), such as social mobilization committees, community or ward development committees, district health committees and village development committees as coordinating structures at community level that provide feedback to the state SBCC committees.

Through these efforts, TCI will prioritize its coaching efforts according to its Lead, Assist and Observe model, making sure that states are able to sustain impactful SBC interventions. TCI's coaching efforts related to SBC are outlined in Table 1.

Table 1. TCI’s Lead, Assist and Observe Coaching Approach for Sustained and Impactful SBC Interventions

Lead	Assist	Observe
Prime with media	Advocate the airing of spots through state-led media outlets	SBCC Technical Working Group harmonizes with service delivery structures for increased use of family planning
Direct implementation of social mobilization	Transition supervision and coordination of social mobilization to health educators and SBC committees	SBCC Technical Working Group drives social mobilization interventions across LGAs and communities
Reinvigorating SBCC Technical Working Group	Provide technical assistance to develop national strategic plans and guidelines	Government-led media engagement and campaigns
	Support SBCC Technical Working Groups to establish SBCC strategies for coordinating work plans and budgets across partners and harmonizing family planning messages	SBCC Technical Working Group collaborates with Advocacy Core Groups to advocate for resources for SBC interventions
	Broker connections with the Advocacy Core Groups and ensure advocacy for resources for SBC while building local capacity of civil society organizations in delivering quality SBC	Improved monitoring systems and use of SBC data (through the HMIS)

Annex

Engaging with the Community Health Influencers, Promoters and Service (CHIPS) Program

The federal government of Nigeria, through the National Primary Health Care Development Agency, created the CHIPS program to improve access and equitable coverage to essential health services, especially those relating to maternal, newborn, and child survival. The CHIPS program is also meant to serve as a means of coordinating all social mobilization/demand generation activities at the community level. TCI will explore leveraging the CHIPS program to sustain the gains of social mobilization interventions in the states. TCI will strategically explore providing technical assistance to the states' primary health care development agencies or boards to integrate both state-specific high-impact demand generation interventions and the trained social mobilizers in the CHIPS social mobilization activities and structures to promote buy-in and sustainability.

Engaging with the National Orientation Agency

The role of NOA is to communicate government policy, promote patriotism, and develop society. The agency performs these roles through its staff, which operates in 774 LGAs nationwide. Although the presence of NOA is felt in every community of the country, its influence has not been fully utilized, especially in the areas of community mobilization. TCI, in conjunction with NURHI2, has assessed the capacity of NOA and its importance in supporting community mobilization for sustainability. The outcome was the technical support provided by TCI, NURHI2, the Center for Communication and Social Impact and other stakeholders to develop a national social mobilization guideline and capacity building program for NOA based on integrated social mobilization, including family planning and reproductive health issues. This will facilitate a more coordinated and integrated social mobilization by NOA, particularly at the state, LGA and community levels. It will also become a source document that other funders and partners can utilise for mobilization activities.



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